

6th ANNUAL

Stick Horse Rodeo

Sponsored by the Clayton County 4-H Foundation

Saturday, August 3rd 5:00 PM
Rodeo Arena on the Fairgrounds

Stick Horse Rodeo Rules

1. No Contestant age limit. Contestants will compete against similar age participants. They will compete in timed events with other children. All contestants will be timed or judged.
2. Entry Fee \$5/person.
3. Register at the rodeo arena from 4-5 PM.
4. A Parent or Guardian must sign a release form and must also be present during the Stick Horse Events.
5. Long sleeve shirts and boots are best worn clothing but not necessary.
6. Participants may bring their own stick horse or use one that is provided.

Bare-Back Bronco Riding-Ride your stick horse for 6 seconds just like the Cowboys do! Ride your horse as you jump, kick and buck. Wait for the dirt to settle and get your score from the judges! If the horse comes out from under your feet-you have bucked off.

Calf Roping-Hop on the saddle a try your hand at roping a calf! Use your strength and skill to capture the calf!

Pole Bending-Ride your horse through a series of poles weaving back a forth as you are being timed! The lowest time in each age and weight category wins!

Barrel Racing- Test your skill and agility as you go once to the left and twice to the right racing around the barrels! Fastest time in each category wins!

Prizes for all participants and winners will be awarded!

Stick Horse Rodeo Entry Form

Clayton County Fair 2019

Name: _____

Age: _____ (As of today)

Circle one: **Male**

Female

I wish to enter into:

_____ **Bare-Back Bronco Riding**

_____ **Calf Roping**

_____ **Pole Bending**

_____ **Barrel Racing**

Mailing Address: _____

Town: _____ State: _____ Zip _____

Parent's Name(s): _____

Cell Phone: _____

Health & Permission Statement

Parent Permission: I hereby give permission for my child to participate in the STICK HORSE RODEO at the 2016 Clayton County Fair. If serious illness or injury develops and medical and/or hospital care is necessary, I give permission for emergency treatment and surgery as recommended by the attending physician. I understand that I am financially responsible for charges and guarantee full payment to the attending health care unit.

4-H Assumption of Risk & Release of Liability:

I give permission for the child named above to participate in this program. I understand that activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU does not guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the program and ASSUME the risk of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the day camp. This release, however, is not intended to release the above mentioned RELEASEES from liability arising out of their sole negligence.

Publicity/Image/Voice Permission

During this program, the Iowa State University Extension 4-H Program may take photographs, video, and /or tape recording of your child participating in the program.

Signing below gives us permission to use media of your child in any publication or promotional materials, in any medium now known or developed in the future without restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader. I give permission to photograph my child.

Parent/Guardian Signature

Date